

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SHIRLENE OSTROV

ADDRESS (number and street)

94-1221 KA UKA BOULEVARD

UNIT 108, #351

WAIPAHU

HI

96797

☐ Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00620815

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 13 / 2016

in the State of

HI

(c) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2016

through

M M / D D / Y Y Y Y
07 / 24 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Shiroma, Amy, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Shiroma, Amy, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 16

Write or Type Committee Name

FRIENDS OF SHIRLENE OSTROV

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12891.85	14794.57
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	12891.85	14794.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4547.73	6450.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4547.73	6450.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10709.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 16

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF SHIRLENE OSTROV

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

10051.01

10051.01

(ii) Unitemized.....

2328.00

2328.00

(iii) TOTAL of contributions from individuals ▶

12379.01

12379.01

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

512.84

2415.56

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12891.85

14794.57

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

12891.85

14794.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4547.73	6450.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4547.73	6450.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2365.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12891.85
25. SUBTOTAL (add Line 23 and Line 24).....	15257.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4547.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10709.51

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: F3A

Transaction ID :

Aloha: We are submitting our amended report. I did not include the cash on hand d starting balance for this report when originally submitted. In processing our 3rd quarter report I realized my error and am resubmitting this amended report. My apologies for this error. Thank you for your patience.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

A. Allara, Frank, , ,

Mailing Address 21527 La Pena Drive

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dentist

Occupation

USAF

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		01		2016

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hellreich, Janice, , ,

Mailing Address 225 Kuuhua Place

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		07		2016

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kachouroff, Christopher, , ,

Mailing Address 3520 Finish Line Drive

City

Gainesville

State

VA

Zip Code

20155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		22		2016

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHIRLENE OSTROV

A. Full Name (Last, First, Middle Initial) Kumashiro, David, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2016		
Mailing Address 1201 North Garfield Street #217			Transaction ID : SA11AI.4167		
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer USAF		Occupation Military			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			
B. Full Name (Last, First, Middle Initial) Kumashiro, Thomas, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2016		
Mailing Address PO Box 8370			Transaction ID : SA11AI.4179		
City Lacey	State WA	Zip Code 98509	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer LinQuest Corporation		Occupation Aerospace Consultant			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
C. Full Name (Last, First, Middle Initial) Mashiyama, Michi, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2016		
Mailing Address 95-218 Ahoka Place			Transaction ID : SA11AI.4193		
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer Hawaii Department of Education		Occupation School Librarian			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			1750.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHIRLENE OSTROV

A. Full Name (Last, First, Middle Initial) Niino, Leanne, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2016		
Mailing Address 95-1054 Halemalu Street			Transaction ID : SA11AI.4169		
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee.		C	<input type="checkbox"/> Memo Item		
Name of Employer Not Employed		Occupation Not Employed			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			
B. Full Name (Last, First, Middle Initial) Oshiro, Roy, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2016		
Mailing Address 95-135 Kapawa Place			Transaction ID : SA11AI.4189		
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee.		C	<input type="checkbox"/> Memo Item		
Name of Employer Retired		Occupation Retired			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00			
C. Full Name (Last, First, Middle Initial) Patterson, Sharlene, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2016		
Mailing Address 505 Atwood Circle			Transaction ID : SA11AI.4161		
City Peachtree City	State GA	Zip Code 30269	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee.		C	<input type="checkbox"/> Memo Item		
Name of Employer Griffin-Spalding County School		Occupation Assistant Superintendent			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 1000.00		
TOTAL This Period (last page this line number only)..... ▶			_____		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

Shiroma, Amy, , ,

A.

Mailing Address 95-1055 Kaapeha Street
Apt 150

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kapiolani Community College

Occupation

Instructor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

601.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 12 2016

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

601.01

☐ Memo Item

In-kind - Office Supply - Campaign Laptop/Software

Full Name (Last, First, Middle Initial)

Shiroma, Amy, , ,

B.

Mailing Address 95-1055 Kaapeha Street
Apt 150

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kapiolani Community College

Occupation

Instructor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1601.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 22 2016

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Williams, Julin, , ,

C.

Mailing Address 4103 Seminary Road

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 18 2016

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4301.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHIRLENE OSTROV

A. Full Name (Last, First, Middle Initial) Young, Jill, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 15 2016		
Mailing Address 95-1048 Kamalino Street			Transaction ID : SA11AI.4175		
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer Allan Segawa, DDS		Occupation Dental Hygienist			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)..... ▶			500.00		
TOTAL This Period (last page this line number only)..... ▶			10051.01		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHIRLENE OSTROV

A. Full Name (Last, First, Middle Initial)
OSTROV, SHIRLENE D. (SHIRL), , ,

Mailing Address 95-1050 HALEMALU STREET

City MILILANI	State HI	Zip Code 96789
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6HI01279

Name of Employer Ares Mobility Solutions	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1951.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2016

Transaction ID : SA11D.4203

Amount of Each Receipt this Period

49.00

☐ Memo Item
 In-kind - Website/Email Expense

B. Full Name (Last, First, Middle Initial)
OSTROV, SHIRLENE D. (SHIRL), , ,

Mailing Address 95-1050 HALEMALU STREET

City MILILANI	State HI	Zip Code 96789
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6HI01279

Name of Employer Ares Mobility Solutions	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2415.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11D.4208

Amount of Each Receipt this Period

325.65

☐ Memo Item
 In-kind - Campaign Material Printing

C. Full Name (Last, First, Middle Initial)
OSTROV, SHIRLENE D. (SHIRL), , ,

Mailing Address 95-1050 HALEMALU STREET

City MILILANI	State HI	Zip Code 96789
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FEC ID number of contributing federal political committee. **C** H6HI01279

Name of Employer Ares Mobility Solutions	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2089.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11D.4209

Amount of Each Receipt this Period

138.19

☐ Memo Item
 In-kind - Mailbox Expense
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

512.84
512.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

A. Hana Pa'a Printing

Mailing Address 94-230 Mahapili Street

City
MililaniState
HIZip Code
96789Purpose of Disbursement
Campaign - T Shirt Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	09	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

536.00

Transaction ID : SB17.4254

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Oceanair Screenprinting Company

Mailing Address 94 Kuhaulua Street

City
WaipahuState
HIZip Code
96797Purpose of Disbursement
Signs and Banners - Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	15	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1130.89

Transaction ID : SB17.4259

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OSTROV, SHIRLENE D. (SHIRL), , ,

Mailing Address 95-1050 HALEMALU STREET

City
MILILANIState
HIZip Code
96789Purpose of Disbursement
In-kind - Website/Email Expense

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

M M	D D	Y Y Y Y
07	05	2016

FEC Identification Number

C H6HI01279

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.4204

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1715.89

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

A. OSTROV, SHIRLENE D. (SHIRL), , ,

Mailing Address 95-1050 HALEMALU STREET

City
MILILANIState
HIZip Code
96789Purpose of Disbursement
In-kind - Mailbox Expense

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
07	15	2016

FEC Identification Number

C H6HI01279

Amount of Each Disbursement this Period

138.19

Transaction ID : SB17.4211

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OSTROV, SHIRLENE D. (SHIRL), , ,

Mailing Address 95-1050 HALEMALU STREET

City
MILILANIState
HIZip Code
96789Purpose of Disbursement
In-kind - Campaign Material Printing

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
07	15	2016

FEC Identification Number

C H6HI01279

Amount of Each Disbursement this Period

325.65

Transaction ID : SB17.4212

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. PayPal

Mailing Address 2211 North 1st Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Bank Fees - Transaction Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

78.60

Transaction ID : SB17.4247

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

542.44

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North 1st Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Bank Fees - Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4248

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North 1st Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Bank Fees - Transaction Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	21	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4249

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shiroma, Amy, , ,Mailing Address 95-1055 Kaapeha Street
Apt 150City
MililaniState
HIZip Code
96789Purpose of Disbursement
In-kind - Office Supply - Campaign Laptop/Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	12	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

601.01

Transaction ID : SB17.4215

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

607.41

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

A. Shiroma, Amy, , ,Mailing Address 95-1055 Kaapeha Street
Apt 150City
MililaniState
HIZip Code
96789Purpose of Disbursement
Reimbursement for Various Expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1045.46

Transaction ID : SB17.4219

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 94-861 Lumiaina Street

City
WaipahuState
HIZip Code
96797Purpose of Disbursement
Printing for Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

234.41

Transaction ID : SB17.4219.2

☒ Memo Item

Full Name (Last, First, Middle Initial)

c. Aiea Copy CenterMailing Address 99-115 Aiea Heights Drive
#1City
AieaState
HIZip Code
96701Purpose of Disbursement
Printing for Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

280.88

Transaction ID : SB17.4219.3

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1045.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHIRLENE OSTROV

Full Name (Last, First, Middle Initial)

A. Aiea Copy CenterMailing Address 99-115 Aiea Heights Drive
#1City
AieaState
HIZip Code
96701Purpose of Disbursement
Printing for Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

228.25

Transaction ID : SB17.4219.4

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Underwood Graphics

Mailing Address 94-773 Meheula Parkway

City
MillaniState
HIZip Code
96789Purpose of Disbursement
Campaign Materials - Graphic Design Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

172.42

Transaction ID : SB17.4258

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

172.42

TOTAL This Period (last page this line number only).....▶

4083.62